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Please fax your ACH Payment information on your company letterhead, or complete this form and have it signed and dated by an officer of the corporation.

Company Name: _____

Address: _____

Telephone Number: _____

Email address to send electronic remittance notification: _____

ACH Payment Instruction:

Bank Name: _____

Bank Address: _____

ABA Number (9 digit): _____

Account Name: _____

Account Number: _____

Tax ID/SSN: _____

Signature of Officer/Proprietor authorizing the ACH payment:

Name: _____

Title: _____

Date: _____

Signature:

NOTE: Please include the most recent W-9 form.